

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re:

Michael P Paige  
Lisa A Paige  
Debtor(s)

Case No. 17 B 32236

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**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Marilyn O. Marshall, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 10/27/2017.
- 2) The plan was confirmed on 01/29/2018.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 03/27/2018.
- 5) The case was Converted on 03/31/2018.
- 6) Number of months from filing to last payment: 4.
- 7) Number of months case was pending: 7.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have not cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$3,138.00
Less amount refunded to debtor	\$600.00

**NET RECEIPTS:** **\$2,538.00**

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$2,423.80
Court Costs	\$0.00
Trustee Expenses & Compensation	\$114.20
Other	\$0.00

**TOTAL EXPENSES OF ADMINISTRATION:** **\$2,538.00**

Attorney fees paid and disclosed by debtor: \$200.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
Arlington Heights Medical	Unsecured	1,276.00	NA	NA	0.00	0.00
Capital One	Unsecured	5,897.00	NA	NA	0.00	0.00
Capital One Auto Finance	Secured	20,943.00	20,190.88	20,190.88	0.00	0.00
Capital One Bank	Unsecured	0.00	553.44	553.44	0.00	0.00
Cavalry SPV I LLC Assignee of Capital O	Unsecured	0.00	264.46	264.46	0.00	0.00
Cavalry SPV I LLC Assignee of Capital O	Unsecured	0.00	451.97	451.97	0.00	0.00
Chiropractic & Strength Training	Unsecured	297.00	NA	NA	0.00	0.00
DiDomenico Agency	Unsecured	1,520.00	NA	NA	0.00	0.00
Elmhurst Dental Specialists	Unsecured	41.00	NA	NA	0.00	0.00
First National Credit Card/Legacy	Unsecured	1,407.00	NA	NA	0.00	0.00
Home Depot Loan Services	Unsecured	0.00	7,305.88	7,305.88	0.00	0.00
Illinois Dept of Revenue 0414	Priority	0.00	0.00	0.00	0.00	0.00
Illinois Pain Institute	Unsecured	36.00	NA	NA	0.00	0.00
Internal Revenue Service	Priority	23,014.00	34,891.61	34,891.61	0.00	0.00
Internal Revenue Service	Unsecured	0.00	3,203.84	3,203.84	0.00	0.00
Jefferson Capital Systems LLC	Unsecured	0.00	386.77	386.77	0.00	0.00
Jefferson Capital Systems LLC	Unsecured	1,137.00	875.82	875.82	0.00	0.00
Metro Center for Health	Unsecured	71.00	NA	NA	0.00	0.00
Metro Infectious Disease Consu	Unsecured	594.00	NA	NA	0.00	0.00
Monroe And Main	Unsecured	168.00	NA	NA	0.00	0.00
Nationwide Credit & Collection	Unsecured	28.00	NA	NA	0.00	0.00
Neurological Surgery	Unsecured	35.00	NA	NA	0.00	0.00
Portfolio Recovery Associates	Unsecured	0.00	1,948.42	1,948.42	0.00	0.00
Portfolio Recovery Associates	Unsecured	0.00	344.25	344.25	0.00	0.00
Portfolio Recovery Associates	Unsecured	0.00	561.41	561.41	0.00	0.00
Quantum3 Group	Unsecured	0.00	540.10	540.10	0.00	0.00
Quantum3 Group	Unsecured	1,632.00	623.47	623.47	0.00	0.00
Quantum3 Group	Unsecured	248.00	333.07	333.07	0.00	0.00
Recovery One LLC	Unsecured	298.00	NA	NA	0.00	0.00
Regions Bk/greensky Cr	Unsecured	7,202.00	NA	NA	0.00	0.00
Resurgent Capital Services	Unsecured	17,673.00	18,908.62	18,908.62	0.00	0.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
Resurgent Capital Services	Unsecured	5,100.00	2,965.97	2,965.97	0.00	0.00
Resurgent Capital Services	Unsecured	0.00	2,318.11	2,318.11	0.00	0.00
Wells Fargo Bank	Secured	17,598.00	16,608.38	16,608.38	0.00	0.00

**Summary of Disbursements to Creditors:**

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
<b>Secured Payments:</b>			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$36,799.26	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
<b>TOTAL SECURED:</b>	<b>\$36,799.26</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$34,891.61	\$0.00	\$0.00
<b>TOTAL PRIORITY:</b>	<b>\$34,891.61</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>GENERAL UNSECURED PAYMENTS:</b>	<b>\$41,585.60</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Disbursements:**

Expenses of Administration	<u>\$2,538.00</u>
Disbursements to Creditors	<u>\$0.00</u>
<b>TOTAL DISBURSEMENTS :</b>	<b><u>\$2,538.00</u></b>

12) The trustee certifies that the foregoing summary is true and complete and all administrative matters for which the trustee is responsible have been completed. The trustee requests that the trustee be discharged and granted such relief as may be just and proper.

Dated: 05/29/2018

By: /s/ Marilyn O. Marshall

Trustee

**STATEMENT:** This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

**UST Form 101-13-FR-S (9/1/2009)**